MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

1ノ2

SERIAL NO. 101679209   FILING DATE

APPLICANT(S)

710406

CLAIMS

CLAIM	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.	CLAIM	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51		/				
2				/			52		/				
3			/.				53		/				
4				/			54		/				
5			/				55		(				
6			/				56		/				
7			/				57		/				
8			/				58		/				
9			/	/			59	/					
10							60		/				
11				/			61		/				
12				/			62						
13				/			63		/				
14				/			64	/					
15				/			65	/					
16				/			66		/				
17				/			67	/					
18				/			68		/				
19				/			69		/				
20				/			70		/				
21				/			71		(				
22				/			72		/				
23				/			73		/				
24				/			74		/				
25				/			75		/				
26				/			76		/				
27				/			77		/				
28				/			78		/				
29				/			79		/				
30				/			80		/				
31				/			81	/	/				
32				/			82	/					
33				/			83	/					
34			/.				84	/					
35				/			85	/					
36				/			86	/					
37				/			87	/					
38				/			88	/					
39				/			89	/					
40				/			90	/					
41				/			91	/					
42			/				92	/					
43				/			93	/					
44				/			94	/					
45				/			95	/					
46				/			96	/					
47				/			97		/				
48				/			98		/				
49				/			99		/				
50				/			100		/				
TOTAL IND.							TOTAL IND.						
TOTAL DEP.		41					TOTAL DEP.		30				
TOTAL CLAIMS							TOTAL CLAIMS						

2082

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/679 209

FILING DATE

APPLICANT(S)

CLAIMS							

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	—					
2	—					
3		1				
4		1				
5		1				
6		1				
7	—					
8	—					
9	—					
10	—					
11	—					
12	—					
13	—					
14	—					
15	1					
16	1					
17	—					
18	—					
19	1					
20	1					
21	1					
22	1					
23		1				
24		1				
25		1				
26	1					
27		1				
28		1				
29	1					
30		1				
31	1	1				
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41		1				
42	1					
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	49					
TOTAL DEP.	10/					
TOTAL CLAIMS	50					

		IND.	DEP.	IND.	DEP.	IND.	DEP.
51							
52							
53							
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57							
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95							
96							
97							
98							
99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							